

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10589940

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11						
12	<i>Claims 12</i>					
13	1					
14	1					
15						
16	1					
17	1					
18	1					
19	1					
20	<i>Claims 20</i>					
21	1					
22	1					
23	1					
24	<i>Claims 24</i>					
25						
26						
27	<i>Claims 27</i>					
28						
29	1					
30	<i>Claims 30</i>					
31	<i>Claims 31</i>					
32						
33						
34	1					
35	1					
36	1					
37	1					
38						
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.						
TOTAL CLAIMS	25					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						